Riding the IT wave into psychiatry. Have you bought a ticket yet?

At first glance, one may not see how we as psychiatrists can surf the IT wave. I am not referring to our daily contact at present with PowerPoint, Excel, Word etc, I refer to using innovative software and hardware which we can integrate into our practice.

Having now worked for 18 months on the Medical officer/ Registrar rotation, I have identified a few areas where IT can be integrated.

In First World countries, it is seldom that patients are brought into accident and emergency settings and no information is available on the patient.

In our environment this is a daily occurrence. I propose that we can create a database on our patients using a biometric device. Hence when we come into contact with any patient, we electronically store one or two of their fingerprints and then attach information to these fingerprints. When we make contact with these patients again, we would then be able to access their information using their fingerprints.

A classic example would be whilst doing Liaison Psychiatry. On the medical ward one would use a handheld biometric device to capture the patient's fingerprints, and instantly check this against our database. The information would be accessed using General Packet Radio Service (GPRS) technology or if a Wireless Local Area Network was created within the hospital.

The possibilities are infinite and the positive repercussions thereof priceless. We would however have to input our existing population into this database, and this would be tedious.

The second area is that patient files are seldom stored electronically. In the units that I have worked at thus far, this has largely been the case. Discharge summaries are usually handwritten and legibility is a perennial problem. Although obtaining these records during working hours is not impossible, it can be frustrating, time consuming and our patients also use other names.

There are 2 possibilities. Whilst working in the UK, I dictated most of my clinical notes, which were then typed out by designated secretaries. Hence an electronic database was created which could be easily accessed.

With the growing popularity and advances in Voice Recognition Software, it has now become possible to dictate and watch your dictation being converted into text. This then obviates the need for secretaries but requires utmost patience in order to train the software to recognize your voice.

I have just elicited but two of the infinite ways in which IT can be integrated into our clinical practice.

There must indubitably be issues regarding such integration. Cost in any environment will always be a key and limiting consideration as both software and hardware are expensive. However, I feel that with strategic planning, the private sector can be involved to meet some of these costs. Change is often met with pessimism and seldom with enthusiasm. What may now appear to be time consuming, an added burden to an already increasing workload, and non-therapeutic, may with time improve our service delivery.

I do not purport that implementation of technology into our clinical practice will directly improve compliance and decrease relapse rates, but it will certainly assist in making our assessments quicker and more comprehensive.

As I prepare to get my surfing equipment, I hope to encourage more colleagues to get down to the beach!

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